VERMONT DEPARTMENT OF EDUCATION

SPECIAL EDUCATION and MEDICAID FINANCE

120 State Street Montpelier, Vermont 05620

NOTIFICATION OF MEDICAID GRANT AWARD

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PROJECT TITLE: IEP SCHOOL - BASED HEALTH SERVICES REIMBURSEMENT								
Vendor: 11111	Submitted Claims	Submitted Claims Amount: 25,808.0						
Grantee:	State-Placed Stude	ent Retained Amount:	(1,479.39)					
Vermont Superivsory Union	Additional SCHIP F	Reimbursement:	190.49					
120 State Street		Net Due	To SU: 24,519.11					
Montpelier, Vermont 05620	Class:	Grant Award Total	00001					
	Account:		550020					
	Fund:	Fund:						
Distribution:	Department ID:	Federal reimbursement	5100018000					
	Program:	amounts	49181					
Superintendent	Project/Grant:	Indicates the month claims	51601006					
cc: Business Manager	Project Number:	were paid by EDS	5481-S003-06-12					
cc: Special Education Director	Revenue Code:		5481					
cc: Medicaid Clerk	Medicaid Reimburs	Medicaid Reimbursement Rate: 58.49%						
cc: Medicaid Field Representative	SCHIP Medicaid Re	SCHIP Medicaid Reimbursement Rate:						
	Local Share Rate:							
	Claims with RA Da	Claims with RA Dates During:						
	Voucher:							

Comments/Conditions: Payment should be received within one week of receipt of this award

	EDS -RA				State-Placed
RA	Approved	Grant	Town School	Grant	Retained
Date	Amount	Amount	District	Amount	Amount
06/02/06	88,247.48	25,808.01	District 1	2,350.43	(551.73)
06/09/06	-	=	District 2	1,168.36	-
06/16/06	=	=	District 3	11,637.22	-
06/23/06	=	=	District 4	949.22	-
06/30/06	=	=	District 5	354.57	=
TOTALS:	88,247.48 *	25,808.01	District 6	9,348.21	(927.66) •
	ount by remittance advice		Revenue by school district	State-Placed Student school district	retained amount by
<mark>date</mark>			TOTALS:	25,808.01	(1,479.39)

Additional SCHIP Reimbursement for claims paid: 6/30/2006

Town School	Grant	Town School	Grant
District	Amount	District	Amount
District 1	-		-
District 2	-	District 5	10.26
District 3	159.73	District 6	13.67
District 4	6.83		
		SCHIP TOTALS:	190.49
SCHIP by scho	ool district		

Approval of SEA:

William Talbott,

6/29/06

Nicole Tousignant,

Date:

William Talbott,

Date:

Medicaid Unit Coordinator (802) 828-5111

Chief Financial Officer (802) 828-3151

State-Placed Student Retained Amount Contact: Diana Murray (802) 828-5413

Department of Finance Team Contact: Su-San Corbeil (802) 828-6547